

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000015485

1. Entity Name  
GULF BAY 100, INC.

**FILED**  
**May 12, 2001 8:00 am**  
**Secretary of State**  
05-12-2001 90009 020 \*\*\*158.75

Principal Place of Business

801 LAUREL OAK DRIVE  
710  
NAPLES FL 34108  
US

Mailing Address

801 LAUREL OAK DRIVE  
710  
NAPLES FL 34108  
US

2. Principal Place of Business

3200 Tamiami Trail N.

3. Mailing Address

3200 Tamiami Trail N.

Suite, Apt. #, etc.

Suite 200

Suite, Apt. #, etc.

Suite 200

City & State

Naples, FL

City & State

Naples, FL

Zip

34103

Country

Zip

34103

Country

4. FEI Number

65-0395715

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WOODWARD, MARK J  
801 LAUREL OAK DRIVE  
710  
NAPLES FL 34108

Name

Street Address (P.O. Box Number is Not Acceptable)

3200 Tamiami Trail N., Suite 200

City

Naples

FL

Zip Code

34103

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME D  
WOODWARD, MARK J  
STREET ADDRESS 801 LAUREL OAK DR, STE 710  
CITY-ST-ZIP NAPLES FL

TITLE ☒ Change ☐ Addition  
NAME  
NAME  
STREET ADDRESS 3200 Tamiami Trail N, Ste. 200  
CITY-ST-ZIP Naples, FL 34103

TITLE ☐ Delete  
NAME DP  
FERRAO, AUBREY J.  
STREET ADDRESS 3470 CLUB CENTER BLVD  
CITY-ST-ZIP NAPLES FL 34114

TITLE ☐ Change ☐ Addition  
NAME  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME DV  
DINARDO, ANTHONY  
STREET ADDRESS 3470 CLUB CENTER BLVD  
CITY-ST-ZIP NAPLES FL 34114

TITLE ☐ Change ☐ Addition  
NAME  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an endorsement with an other like empowered.

SIGNATURE: Joseph L. Parisi

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/25/01

Date

941 732 9400

Daytime Phone #

CR2E034 (10/00)